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ABSTRACT

This report describes in detail the health services of three Philadelphia programs which have mandated such services (Original Follow Through, Get Set Day Care, and Prekindergarten Head Start). It also highlights the services provided in the other eight early childhood programs in the Philadelphia school district (Child Care, Durham Child Development Center, Follow Through Expansion, Impact Aid, Kindergarten, Parent Cooperative Nursery, Primary Skills, and Project Bridge). Data indicate that although the method of health service delivery may differ among the various programs, provisions have been made to ensure that children's health problems are identified, referrals made, and treatment provided whenever necessary. The findings suggest that because of a more concentrated effort on the part of the school district's division of school health services and the program health staff, a greater number of children in the early childhood programs were served in 1978 than in the previous year. Appendices present data on the health services provided by the Follow Through, Get Set, and Head Start programs. (Author/BH)

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REPORT OF EARLY CHILDHOOD PROGRAMS HEALTH SERVICES COMPONENT 1977-1978

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ABSTRACT

This report describes in detail the health services of three programs which have mandated services (Original Follow Through, Get Set Day Care, and Prekindergarten Head Start). It also highlights the services provided in the other eight early childhood programs, (Child Care, Durham Child Development Center, Follow Through Expansion, Impact Aid, Kindergarten, Parent Cooperative Nursery, Primary Skills, and Project Bridge). Data indicate that although the method of health service delivery may be different among the various programs, provisions were made to ensure that the child's health problems were identified, referrals made, and treatment provided whenever necessary.

The findings suggest that a more concentrated effort on the part of the school district's division of school health services and the program health staff, has resulted in a greater number of children in the early childhood programs being served this year than in the previous year.

HEALTH SERVICES

Introduction

Provision for basic health care has always been a characteristic of the large-scale federally funded early childhood programs introduced in the 1960's. There remains an almost universal consensus that early childhood education can best achieve its goals when children are not impeded by health problems. Of the eleven early childhood programs in Philadelphia, three (Original Follow Through, Get Set Day Care, and Prekindergarten Head Start) have mandated health care as a program component. All others (Child Care, Durham Child Development Center, Follow Through Expansion, Impact Aid, Parent Cooperative Nursery, Primary Skills, Project Bridge and Regular Kindergarten) place emphasis on the provision of health care, based on referral.

This report describes in detail the health services of the three programs which have mandated services and highlights the services provided in the other programs. A separate section focuses on nutrition/health education across programs. In order to collect information on health services, data were obtained from two existing sources: health data collected by program staff and Philadelphia's Division of School Health Services.

A comprehensive health program includes: medical and dental screenings; referrals for treatment; hearing, growth and vision assessments; nutrition and health education programs; immunization monitoring and referral as needed; and various other testing routines (tuberculin, lead, podiatric).[1] This year's

[1]Comprehensive health service as defined by Philadelphia's Division of School Health Services.

data confirm that comprehensive health programs exist in the three programs with mandated health services (Original Follow Through, Get Set Day Care and Prekindergarten Head Start). It also points out the similarity in children's health problems across the various programs. Detailed information regarding the health component for the three programs with mandated services are given in the appendices.

An Overview of Mandated Health Components

As already indicated, Original Follow Through[1], Get Set Day Care and Prekindergarten Head Start programs each had a mandated health care component.[2] The guidelines of the mandated health components of the three programs (Original Follow Through, Get Set Day Care, and Prekindergarten Head Start) basically strived to provide children in the programs with access to health services which focused on preventive care, early detection and appropriate and prompt remedial action through continuity of care.

Original Follow Through is a Kindergarten through Grade Three Program. It's health care component provided for health services which supplemented the services provided by the school district's division of school health services. Provision for these supplemental services was arranged through non-contractual agreements or negotiated contracts with community health facilities and/or private individuals. Get Set Day Care and Prekindergarten Head Start are almost exclusively prekindergarten. Their health care programs relied on

[1]The term "Follow Through" in Philadelphia, unless further specified, would include not only the Original Follow Through Program (begun in 1968), but also the Follow Through Title I Expansion Program and the Primary Skills Program (begun in 1975), and Project Bridge (begun in 1977).

[2]Mandated care is defined as supplemental health services provided to students in a program by specified program intervention. Intervention includes services provided by: program personnel; the school district's division of health services; and contracts or agreements made by program personnel with community medical groups and/or private individuals.

program affiliated health personnel (e.g., health coordinators, nurses, nutritionists and physicians) who monitored health care, made referrals when problems were identified and provided for health education programs.

Cumulative data in Table 1 indicate the completion figures for the various screenings in these three programs. Data suggest that, with rare exception in each screening area, more than 50% of the students in each of the program received the necessary screenings.[1] Screenings were provided by internal program staff, school district health services staff community medical groups or private individuals.

From the screenings provided, the five most frequently identified health problems of students in the program are identified in Table 2. Vision, hearing and nutrition problems are common to the students in each program.

TABLE 2

FREQUENTLY IDENTIFIED HEALTH PROBLEMS
IN PROGRAMS WITH MANDATED HEALTH COMPONENTS

ORIGINAL FOLLOW THROUGH[1]	GET SET DAY CARE	PREKINDERGARTEN HEAD START
Vision	Vision	Dental
Hearing	Nutrition	Vision
Nutrition	Chest	Hearing
Skin	Skin	Chest
Orthopedic	Hearing	Nutrition

[1]Information taken primarily from School Health Services Division reports, identifying health problems of school-age (elementary) children.

[1]Both Get Set Day Care and Prekindergarten Head Start have established specific health standards (by program guidelines) for children. If a child upon entry into either of the programs has received medical screenings immunizations, diagnostic or treatment services, the program is responsible for obtaining the results, making arrangements for file entries and any necessary follow-up. If information is not available, the program assumes services are incomplete and becomes responsible for seeing that mandated health standards are met.

TABLE 1

COMPLETED SCREENINGS IN PROGRAMS WITH
MANDATED HEALTH CARE COMPONENTS

Program	Program Enrollment	Medical		Dental		Vision		Hearing		Growth (Nutrition)		Average % Screening Completion Rate
	(APPROXIMATE)	N	%	N	%	N	%	N	%	N	%	TOTAL PROGRAM
Original Follow Through[1]	2600	1504	58	1391	53	1300	50	1300	50	1544	59	54
Get Set Day Care	4200	2491	59	1830[2]	43	4020	95	358[3]	8	3423	81	57
Pre-K Head Start	900	658	74	616	69	657	74	679	76	673	75	73

[1]Data were provided by Philadelphia's Division of School Health Services and Follow Through Central Office files. Effort was made by school district health to provide screenings to all children in grades 1 and 3 (N approximately 1300) at the beginning of the school year. Kindergarten and grades 2 were done primarily through situational or selected referral. Appendix A reveals the arrangements made for external health services. Late approved resolutions with community medical groups/private individuals made it impossible for services to be provided to the extent planned, however 504 were served (204 Medical, 91 Dental and 244 Growth). It should be noted that as Follow Through is a K-3 program, many children will have had all necessary screening provided prior to entry in Kindergarten or one of the other grades.

[2]Later data on the Get Set Health Education Program indicate that additional dental screenings, were completed on approximately 2500 children through the RAPID DENTAL SCREENING PROGRAM. Information shown in the table was taken from the Get Set Annual Health Services Summary, 1977-78.

[3]Number given in table reflects the total # of speech and hearing screenings provided.

A major focus of the health care component in the three programs involved determining EPSDT (Early Periodic Screening, Diagnosis and Treatment) eligibility, and making referrals for treatment. Data indicate that 74% of the Prekindergarten Head Start, and 76% of the Get Set Day Care children were EPSDT eligible in 1977-78. The majority of the Follow Through students were also eligible for EPSDT.[1] This eligibility assured some degree of health service delivery to the students. Community medical groups certified by the Pennsylvania Department of Welfare (DPW) and the Philadelphia Health Management Corporation, provided EPSDT services and billed DPW for payment, rather than families. The EPSDT concept thus enabled the programs to decrease their cost, while providing a vehicle for service delivery.

Based on records from all available resources, the following numbers of referrals for treatment were made: In Get Set Day Care, N=3187; in Prekindergarten Head Start, N=342[2]; and in Original Follow Through, N=504.[3]

A Summary of Non-Mandated Health Services

With the advent of the EPSDT program, prepaid health plans and an increase in the practice of preventive medicine in neighborhood health centers, a large number of children have physical examinations, immunications and other medical screenings prior to entering pre-school or Kindergarten programs. As a result, although programs may require the completion of certain immunizations and screenings before entry, they rely on the above resources, and for the most part, do not provide specific funds for health

[1]As in the case with Get Set Day Care and Prekindergarten Head Start, Follow Through is also basically a program for children from low-income families, and thus qualifies for EPSDT services. Specific figures were unavailable.

[2]Based on program verification that whenever a problem was identified, it was referred for treatment.

[3]Based on verification from Follow Through Central Office Files, showing payment by Follow Through for supplemental services rendered.

care. Such is the case of the pre-school programs: Child Care, Durham Child Development Center, Impact Aid and Parent Cooperative Nursery; and the school-age programs: Follow Through Expansion, Primary Skills, Project Bridge and Regular Kindergarten.

The pre-school programs (Child Care, Durham Child Development Center, Impact Aid, and Parent Cooperative Nursery) guidelines called for evidence of completion of required immunizations (Diptheria-Tetanus, Measles, Mumps, Smallpox and Polio) and a physical examination upon admission. At that time, the child's family health care provider was identified. Teachers, case-workers, and supervisors shared responsibility for (1) recognizing health problems, (2) referring child (family) to health care provider, and (3) working with the family on follow up (if necessary). Child Care Centers (located in schools)[1], the Durham Child Development Center, and the Impact Aid Programs were also able to obtain the services of the school district health staff upon request.

The school-age programs (Follow Through Expansion, Primary Skills, Project Bridge and Regular Kindergarten relied on and received health monitoring and delivery of services from the school district's division of health services.[2] For the 1977-78 school year, at least 50% of all children in Grades 1, 2 and 3 in these programs, received medical, dental, hearing, vision and growth (nutrition) screenings as part of the comprehensive health program provided

[1]Information from school district health staff indicate that 730 students were enrolled in elementary school Child Care Centers, and thus eligible for health monitoring and referral. A total of 166 pupils were seen by Health Service staff.

[2]The Follow Through Expansion Program was the other exception. Funds were available in 1977-78 for supplemental service contracts. Of the 27 Expansion schools, 6 schools had approved contracts for supplemental medical services, and 11 had approved contracts for supplemental dental services. Data show, however, that only 47 students received services from contracted agencies.

by the district. All other students received necessary services from school health staff based on selected or situational referrals.

Nutrition/Health Education Programs

The early childhood school-age programs (Project Bridge, Original Follow Through, Follow Through Expansion, Primary Skills and Regualar Kindergarten were provided with nutritional services (lunch) through the school district. Additional funds, however, were available in Follow Through, Follow Through Expansion and Primary Skills Programs, which guaranteed that children not eligible for free or reduced priced lunches would receive minimal nutritional services.

The early childhood pre-school programs differ in their arrangements for nutritional services. The Child Care and Get Set Day Care nutritional programs were planned, prepared and provided by staff. The Durham Child Development Center, which is located in the Durham elementary school, and the Impact Aid Program, received daily nutritional services from the school district. The Prekindergarten Head Start Program also received its nutritional services from the school district, although the program is billed for the services and had imput into meal planning. The Parent Cooperative Nursery Program had no official lunch program since the program was only in session for a half day (4 hours). Parents of children in the program, however, were charged a fee for snacks provided.

Of the eleven early childhood programs, data indicate that two, Get Set Day Care (see Appendix C) and Prekindergarten Head Start (see Appendix B), provided a relatively inclusive health education program for its children and their families. The Get Set Day Care Program provided 32 health programs (1st aid classes) and 198 dental programs (classroom drills for students). The Prekindergarten Head Start Program provided 4 health training sessions to

staff and 18 nutrition (health) programs for children and parents. Workshops (training sessions, health programs) were provided by program staff or community agencies.

Most school-age programs, while usually not addressing health education in terms of specific series of workshops, incorporated this concern in staff development training sessions for other components.

Conclusion

For the school-age early childhood programs (Original Follow Through, Follow Through Expansion, Primary Skills, Project Bridge and Kindergarten), Philadelphia's Division of School Health Services provided mandated health services, which included medical and dental screenings, hearing, vision and growth assessments, immunization monitoring and selected referral. Although these services were focused primarily on certain grades (Grades 1 and 3). Some degree of health care was assured each child.
This year's data indicate that at least 50% of the children in Follow Through (Original), Follow Through Expansion, Primary Skills, and Project Bridge were provided, or provided evidence of the necessary screenings.

The Follow Through (Original) and Follow Through Expansion Programs also provided supplemental health services and/or treatment (based on referral) through program arranged contracts or agreements with community health agencies. This year, most of the Follow Through schools and several [illegible] Follow Through Expansion schools had contracts approved.[1] Data indicate that although service

[1] Contracts between the program and community groups and/or individuals are screened by the Districts' Division of School Health Services, before being approved by the Board of Education.

arrangements began late in the year, children were provided supplemental services.

Two of the pre-school programs (Prekindergarten Head Start and Get Set Day Care) had program--specific health staff who provided and/or arranged service to at least 60% (with little exception) of the children. Their health service component provided a comprehensive program similar to that offered by the School District, along with nutrition and health education programs.

The children in Child Care, Durham Child Development Center and Parent Cooperative Nursery Programs were provided services through referrals made by program staff. Although they had no health component per se, data support that their students received health care if necessary.[1] The Durham Child Development Center and Child Care Centers[2] and the Impact Aid Program (which are located in the elementary schools), also called upon school district health staff for assistance.

Data collection lapses prevented the presentation of more conclusive information for this year. Arrangements are being made, however, so that 1978-79 health care data will be more extensively and accurately provided. It might be an important consideration for programs, based on data that was available, to begin planning more extensive informational and follow-up recording services in relation to the EPSDT resource (Title XIX Funds). Overall, however, health services in the early childhood program, especially where this is a mandated component, were comprehensive.

[1] Program staff submitted information regarding health services. They indicated that, whenever a health problem was identified, the child was referred for care.

[2] See Appendix D for additional information on Child Care

Health care monitoring by the school district health staff and program staff assured that health problems were identified and referrals made. Supplemental resources, available if families were unable to pay for necessary and/or mandated health requirements were utilized in the various programs.

Eligibility for Title XIX (EPSDT Program) was established in all programs and some form of health activities and information--giving were incorporated.

Response Comparison, 1976-77 to 1977-78

When data from last year's health service report[1] was compared with this year's information, one basic difference was revealed,

(1) In Follow Through, Get Set Day Care and Prekindergarten Head Start, a larger overall percentage of children received health service:

- in Follow Through, the overall percentage of students receiving service was 54% in 1977-78. This percentage was 18% in 1976-77.
- in Get Set Day Care, the overall percentage of students receiving service was 57% in 1977-78. This percentage was 37% in 1976-77.
- in Prekindergarten Head Start, the overall percentage of students receiving service was 73% in 1977-78. This percentage was 64% in 1976-77.

[1] ORE Report #7842

APPENDIX A

FOLLOW THROUGH HEALTH SERVICES

The Follow Through Program[1] with the largest pupil population (N=approximately 13,000) of all early childhood programs had a mandated health care component. Mandated health care required that the Follow Through Program supplement the health services provided by the local school district[2] to assure that problems identified in any kind of medical or dental screening were treated. Non-contractual agreements or negotiated contracts with community medical groups and private providers were made for health service delivery. As of June, 1978, provisions were made for the following:

(1) At eleven of the 14 Original Follow Through schools[3], and at six of the 27 Follow Through Expansion schools, arrangements were made for supplemental medical services.

(3) At ten of the 14 Original Follow Through schools, and at eleven of the 27 Follow Through Expansion schools, arrangements were made for supplemental dental services.

Medical arrangements included services such as pediatric histories, physical and developmental examinations, laboratory screenings, X-rays, acute care treatment and referrals to speciality services. Dental services included examinations, charting, X-rays, extractions, fillings, orthodontics, endodontics, prophylaxis, polishing amalgams and flouride treatments. In

[1]Information given includes data for the Original (N=2600) and Expansion (N=10,200) Programs within Follow Through.

[2]In 1977-78, although the School District performed screenings, when problems were identified as needing care, referrals were made to family-care providers or local EPSDT Providers (selected agencies which entered into an agreement with the School District to provide health care, and bill DPW). If schools were not covered by the EPSDT agreement, Follow Through funds were used to provide health care.

[3]In 1976-77, there were 18 Original Follow Through schools. Due to funding cuts, 4 of those were incorporated into the Expansion Program in 1977-78.

addition, preventive programs were instituted.

One of the Original program's objectives state that a positive effect on the provision of special service would be attributed to the programs if provisions were made in each program school for supplementary medical and dental services either through a negotiated contract or through specific arrangements of a non-contractual nature with agencies in the community. Data from 1976-77, and for 1977-78, showed that arrangements made in Original Follow Through Program basically fulfilled the objective both years, although a greater number of children were treated in 1976-77[1].

The Division of School Health Services indicated that it had provided screenings to all children in grades 1 and 3 (N=1300) and delivered necessary service (whenever there was a referral) in other grades. The method of data collection prohibited exact totals, however it can be established that at least 50% of the children in Original Follow Through were provided with, or provided evidence of necessary screenings as mandated by the Public School Code.

Based on data obtained from the Division of School Health Services, the five most frequently occurring identified health problems of children were: (1) vision, (2) hearing, (3) nutrition, (4) skin and (5) orthopedic. This list is comparable to the problems identified in non-Follow Through school-age and pre-school children.

Follow Through Expansion objectives call for the Expansion schools to

[1] In 1976-77, supplemental services provided treatment to children 751 times. In 1977-78, treatment was provided 504 times. (A child could receive treatment for more than one problem). Late arrangements delayed delivery of services.

receive supplemental medical and dental services also. Similar to the services provided in the Original Follow Through Program, health care was to be obtained through negotiated contracts or non-contractual agreements, and was to be in addition to what was provided by the school district. The Division of School Health Services indicated that it provided screenings to all children in grades 1 and 3 of the Expansion schools[1], and delivered necessary services (whenever there were referrals) in other grades. Data from contracted community groups/ individuals showed 47 instances of the supplemental service's use. This was due to the lack of a full time on-site person to assure utilization of services.

[1] An exact figure was not available.

APPENDIX B

GET SET DAY CARE

HEALTH SERVICES

The Get Set Day Care Program, a Title XX and Philadelphia School District funded day care program served approximately 4200 children in 76 sites in 1977-78. Get Set program goals were formulated in "consonance with certain overriding objectives established at the Federal level under Title XX, and proposed in the comprehensive social services plan of the Pennsylvania Department of Public Welfare.[1]"

The principal objectives related to this report pertain to the "identification, correction and alleviation of health problems, the utilization of health agencies, and the provision of health education and nutritional services to the children admitted in the program." The administration of these services were undertaken by housekeepers, cooks, health education specialists, and a health coordinator.

As part of the eligibility assessment for entry into Get Set Day Care, approximately 5600 health intakes, and 4600 immunization surveys were completed by the staff. Health intakes served as the foundation for beginning a child's permanent school medical record. These beginning records were reviewed twice a year in the Get Set program for health findings and interpretations. If this review revealed any concerns, referrals were made.

A major focus of the health component of the Get Set Day Care program was the provision of similar services to those given by the Philadelphia School District Health Services Division (i.e., screenings, referrals for treatment and determinance of EPSDT eligibility). Table 1 indicates that a large number of Get Set children had physical exams completed, were EPSDT eligible and had the necessary screenings performed.

[1]Get Set Day Care Program Proposal, July, 1977.

TABLE 1

GET SET DAY CARE
HEALTH SERVICES

Program Enrollment		EPSDT Eligible		Filed Records Of Exams*		COMPLETED SCREENINGS							
						Vision		Speech and Hearing**		Growth		Dental***	
N	%	N	%	N	%	N	%	N	%	N	%	N	%
4200	100	2795	76	2491	59	4020	95	358	8	3423	81	1830	43

* Exams were given by Private Physicians. Evidence of exam completion is filed in child's health Record.

** Number given reflects the total # of speech and hearing screenings.

*** Later data confirm that additional dental screenings were completed on approximately 2500 children.

From the total number of pupils (N=2491) examined by private physicians, 476 were termed "under care." This term indicates that problems of some sort were identified which required further care. Five hundred and eighty-seven problems were diagnosed from the total number of screenings, and physician exams. Table 2 shows the type and number of problems found, treated and terminated.

Thirteen categories of health problems were identified (including "other"), with eye problems, primarily defective vision, representing the greatest number identified (29%). Nutritional, primarily over and underweight--22%, chest, primarily asthma--14%; and skin, primarily eczema or dermatitis--13% problems were also frequently diagnosed. The majority (75%) of children diagnosed with problems other than nutritional ones, received and completed treatment. Three hundred and forty-five cases were provided service at health clinics, 82 at private agencies and 31 in other settings.

TABLE 2

IDENTIFIED PROBLEMS

Problem	NUMBER OF PROBLEMS									
	Found Through Screenings		Found By Private Physician		Found By School Physician		Treatment Agency			Terminated[1]
	Found	Treated	Found	Treated	Found	Treated	Private	Clinic	Other	
Eye	95	61	31	29	47	41	30	101	0	131
Nose and Throat	0	0	5	5	1	1	0	6	0	6
Ear	2	2	17	17	5	5	6	18	0	24
Speech	0	0	13	11	35	26	0	32	2	42
Skin	0	0	48	48	30	29	21	56	0	77
Nodes	0	0	0	0	1	1	0	1	0	1
Thyroid Condition	0	0	1	1	0	0	0	1	0	1
Chest	0	0	78	81	0	0	16	65	0	83
Orthopedic	0	0	7	7	1	0	1	6	0	7
Nutrition	115	44	6	7	9	6	3	26	28	58
Nervous	0	0	11	11	0	0	1	10	0	4
Hernia	0	0	10	10	1	1	4	8	0	11
Other Conditions	0	0	17	16	1	1	0	15	1	17
TOTAL	212	107	244	243	131	111	82	345	31	427

* Terminated indicates that a problem received all the necessary care and can be termed healed. The number terminated may be higher than those identified. This includes problems which were identified by program staff.

As part of the health service program, nutritional services and health education for children and parents was provided. Data documents an extensive dental health education program and numerous parent meetings.[1] Food services, planned and provided by Get Set staff, assured breakfast, lunch and snack meals which fully met Federal program established standards.

Overall, the Philadelphia Get Set Day Care Program had a very complete health service component for the 1977-78 school year. The material presented suggests that the health component was consistent in the services from year to year, and that there appeared to be effort made to see that required services are delivered to, or obtained by, all Get Set children. Get Set not only promoted the viability of the EPSDT program through utilization, but through personnel, provided a program which appears capable of handling most health concerns to the preschool child.

[1] The social services component details information about parent contacts. Information obtained from Get Set Day Care Program staff indicate that 198 classroom dental drills were given, and 32 health programs were provided.

APPENDIX C

HEAD START
HEALTH SERVICES

The Prekindergarten Head Start Health Plan was organized to include medical, dental, mental health and nutritional services. The program health component staff was composed of a health coordinator, health advocate, nutritionist, mental health specialist, nurses and part-time aides. This report focuses on the medical, dental and nutritional services of the program.

A Health Advisory Committee, composed of 22 individuals met three times during the school year for health service organization and review. The individuals of the committee were from the field of medicine, community agencies and education. Their activities included the development of a proposal for consultant speech therapists and parent assistants to work with handicapped children in the centers; conducting staff and parent training sessions; arranging podiatric, dental, vision and hearing screenings; and preparation of the 1978-79 PKHS Health Plan. The completion of these activities also indicates that all the strategies, as listed in the PKHS Health Plan for primary objective 1, were fully attained.

One objective of the 1977-78 Head Start Health Plan was to obtain for each PKHS child: (a) a medical/developmental history; (b) authorization for screenings/examinations; (c) basic (vision, hearing and growth) screenings; and (d) medical/dental examinations. Data indicates: (1) 938 children were processed during the year at the 18 centers, and 889* were enrolled at the

* This figure is based on year-end enrollment figures submitted for each center on the PKHS Health Service Form.

end of the year; (2) of the 889 students, developmental histories and physical examinations* were on file for 658 (74%) students; (3) 657 (74%) children had vision screening; (4) 679 (76%) had hearing screening; (5) 673 (75%) had growth (height and weight) screening; and (6) 616 (69%) had dental screenings. The completion of those screening fulfills the requirement that authorization for screenings be obtained.

One other strategy of the Health Plan specified that the immunization status of each child be assessed; that the special needs of handicapped children be identified; and that, where appropriate, other screenings take place. Data indicates lead poisoning** and podiatric screenings were provided (by members of the Health Advisory Committee); and (2) that with the exception of immunization for mumps where approximately 25% of the students received their immunizations, approximately 70% of the students received all other necessary immunizations (DPT, Polio, and Measles).

Another strategy of the Health Plan involved the review, with the parent, the plan for obtaining screenings services and medical/dental examinations. During the review the child who was eligible for EPSDT*** was assisted (if necessary) in the arrangement of services at approved screening sites. The EPSDT ineligible child, who had no means of payment for the services could receive them with funds made available by the Head Start program. Data show that of all Prekindergarten Head Start children, 882 were eligible, and 108 were ineligible for the EPSDT program (figures are based on number of children

* It is assumed that developmental histories were taken when the child was processed. Therefore, if the child remains enrolled, the developmental history is on file. Completion of physical examinations is indicated by a report being received by Head Start, from the provider of the examination.

** Separate reports confirm that educational training sessions on lead poisoning were held at the centers. It is assumed that the students at the centers received lead poison screening.

*** EPSDT - Early Periodic Screening, Diagnosis and Treatment of(Title XIX Funds).

processed at the beginning of the year, rather than enrolled at the end of the year). Information was not available regarding how those ineligible for EPSDT actually made payments.

A major objective of the Health Plan was the arrangement for treatment of all health and dental problems detected in children. Data show that of the number* of children detected with problems:

(1) from the physical examinations received: (12%) 112 children were detected with problems;

(2) from the screenings: 34 children were detected with vision problems; 14 children were detected with hearing problems; and 182 children were detected with dental problems;

(3) at the end of the school year, of those children detected with problems: 28 children remain under treatment for vision problems; 10 remain under treatment for hearing problems; and 94 remain under treatment for dental problems.

Health education, in the form of educational training sessions for PKHS parents and children was also held at all centers.

(1) an educational training session on lead poisoning was completed at 16 of the 18 centers. The sessions were conducted by the Philadelphia Health Department's Accident Control Division. A total of 123 people attended the sessions.

(2) an educational training session on accidental poisoning was completed at three centers. The sessions were conducted by Head Start Program Staff. A total of 33 people attended the sessions.

(3) one center had an educational training session on "Helping Your Child Maintain a Healthy Body." This session, with an attendance of 12, was conducted by Head Start Program staff.

* Figures are based on end-of-the-year enrollments.

(4) one center had an educational training session to inform participants of the services available in Head Start. This session, with an attendance of 18, was also conducted by Head Start Program staff.

In addition to the sessions held for parents and children, four sessions were conducted for Head Start staff, by members of the Health Advisory Committee. The topics were (1) Classroom Management of the Hyperactive Child (attended by 26); (2) Classroom Management of the Chronically Ill Child (attended by 36); (3) Sex Education (attended by 19); and (4) Human Sexuality (attended by 23). Each of these sessions were evaluated by the Early Childhood Evaluation Unit. The evaluation results indicate that the one hundred (100) individuals who attended the various sessions rated them very satisfactory.

Nutrition Education

Although the Head Start Health Plan had nutritional services listed with its general objectives, no specific guidelines were established for actual program performances. Contracted food services* delivered the centers, breakfast, lunch and snack meals which fully met Federal program established standards. Family eating habits, special dietary needs and feeding problems, especially of handicapped children, obtained when the child was processed, were taken into consideration. The proper and appropriate utensils, time and environment were provided which not only involved children in activities related to meal services, but planned the meal periods as an integral part of the total educational program.

* The PKHS Program received delivery of food services from the School District, and was billed for payment. It does have imput in meal planning.

Conclusions

Overall, the Philadelphia Head Start Program had a very complete health services component for the school year 1977-78.

The material presented suggests that the health component of Head Start was not only consistent from year to year,* but that there also appeared to be efforts made to see that the required services are delivered to all PKHS children. Head Start promote the viability of the EPSDT program; appeared to have a very high retention rate; and through personnel organization and effort provided a health program which was capable of handling most health concerns relative to the preschool child.

* ORE Report #7842

APPENDIX D

Health Services

Child Care Program

The Child Care Program does not have mandated health care as part of its on site staff provided service. However, all parents, as part of the admissions process, are required to provide a health form completed by a physician. The form asks for evidence that required immunizations have been given, and that any specific health conditions requiring follow-up care be noted. It is then the responsibility of the social service staff to follow up with parents, to assure that contact is maintained with the health provider, and that preventive and or remedial care is being pursued.